

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101588457

8-4-2006

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	1		1			
9	1		1			
10	1		1			
11	1		1			
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TOTAL IND.			4			
TOTAL DEP.			7			
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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